



National
Aeronautics and
Space
Administration

Information Covering Persons Transferred or Appointed to First Duty Station

TYPE OF MOVE:

FIRST DUTY STATION

PCS

TCS

SES LAST MOVE HOME

1. NAME OF EMPLOYEE		2. CURRENT ADDRESS (<i>Street, City, State, ZIP</i>) (<i>Commutes from daily to current duty station/work</i>)		3. COUNTY	
4. HOME PHONE		5. OFFICE PHONE		6. FAX PHONE	
				7. SOCIAL SECURITY NUMBER	
8. GRADE/STEP		9. MARITAL STATUS		10. LOCATION OF IMMEDIATE FAMILY (<i>Street, City, State</i>)	

11. IMMEDIATE FAMILY DATA

I REQUEST THAT EXPENSES BE ALLOWED FOR TRANSPORTATION OF MEMBERS OF MY IMMEDIATE FAMILY AS LISTED BELOW, AND HEREBY CERTIFY THAT THESE PERSONS ARE IN FACT MEMBERS OF MY IMMEDIATE FAMILY AS DEFINED IN "FEDERAL TRAVEL REGULATIONS."

a. NAME OF SPOUSE		c. CHILDREN <i>NAME</i> <i>BIRTH DATE</i>	
		1. _____	
		2. _____	
		3. _____	
		4. _____	
d. DEPENDENT PARENTS OF EMPLOYEE AND/OR SPOUSE		1. NAME _____	
		2. NAME _____	
e. CHILDREN OVER 21 YEARS OF AGE PHYSICALLY OR MENTALLY INCAPABLE OF SUPPORTING THEMSELVES		1. NAME _____	
		2. NAME _____	

12. TRANSPORTATION FROM OLD TO NEW DUTY STATIONS

a. EMPLOYEE MODE		(4) TRAVEL DATE	b. IMMEDIATE FAMILY MODE		c. SEPARATE TRAVEL MODE		(4) TRAVEL DATE
<input type="checkbox"/> (1) AUTO <input type="checkbox"/> (2) AIR			<input type="checkbox"/> (1) WITH EMPLOYEE		<input type="checkbox"/> (1) AUTO <input type="checkbox"/> (2) AIR		
<input type="checkbox"/> (3) _____			<input type="checkbox"/> (2) SEPARATELY		<input type="checkbox"/> (3) _____		

d. REASONS FOR SEPARATE TRAVEL			

13. TRANSPORTATION OF HOUSEHOLD GOODS FROM OLD DUTY STATION

a. LOCATION (<i>Street, City, State, County</i>)		b. EST. SHIPMENT DATE	c. EST. WEIGHT	d. TEMPORARY STORAGE REQUESTED (<i>Not to exceed 90 days</i>)
				<input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO

NOTE: TEMPORARY STORAGE COSTS OVER 30 DAYS ARE TAXABLE AND EMPLOYEE IS RESPONSIBLE FOR THE TAXES DUE.

13. TRANSPORTATION OF HOUSEHOLD GOODS FROM OLD DUTY STATION (Continued)			
e. TRANSPORTATION OF PRIVATELY OWNED VEHICLE (POV) <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO		f. YEAR, MAKE, MODEL, SIZE (i.e., compact, midsize, large/luxury, van, etc.) OF PRIVATELY OWNED VEHICLE (POV) 	
g. TRANSPORTATION OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO		h. EXTENDED STORAGE (Employee is responsible for taxes due) <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO	
IF YOU ARE A TRANSFEREE, COMPLETE ITEMS 14, 15, 16, AND SIGNATURE BLOCK. IF YOU ARE A FIRST DUTY STATION APPOINTEE OR SES LAST MOVE HOME, COMPLETE THE SIGNATURE BLOCK. FIRST DUTY STATION APPOINTEES ARE NOT AUTHORIZED HOUSE-HUNTING TRIP, RENTAL CAR, TEMPORARY QUARTERS, REAL ESTATE, OR MISCELLANEOUS ALLOWANCES.			
14. HOUSE HUNTING TRIP (Binding Decision)			
a. TRIP IS NEEDED <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO		b. SPOUSE WILL ACCOMPANY <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO	
		c. NUMBER OF DAYS REQUIRED <input type="checkbox"/> (1) ACTUAL DAYS _____ <input type="checkbox"/> (2) FIXED REIMBURSEMENT METHOD -- 10 DAYS	
15. TEMPORARY QUARTERS (Binding Decision)			
a. NEEDED <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO		b. NUMBER OF DAYS REQUIRED <input type="checkbox"/> (1) ACTUAL _____ NTE 60 DAYS <input type="checkbox"/> (2) NO. OF PERSONS -- (Immediate Family) _____ <input type="checkbox"/> (3) FIXED NTE 30 DAYS	
16. REAL ESTATE			
DESCRIPTION			RESPONSE (Check) YES (1) NO (2) N/A (3)
a. DO YOU OWN REAL ESTATE AT YOUR OLD DUTY STATION?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. DO YOU PLAN TO SELL YOUR REAL ESTATE HOLDING WITHIN 2 YEARS AFTER YOUR REPORTING DATE?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. DO YOU PLAN TO USE THE HOME PURCHASE FEATURES OF THE RELOCATION SERVICES CONTRACT?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. DO YOU PLAN TO USE THE DIRECT REIMBURSEMENT SYSTEM WHEN SELLING YOUR REAL ESTATE?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. DO YOU PLAN TO PURCHASE REAL ESTATE AT THE NEW DUTY STATION WITHIN 2 YEARS AFTER YOUR REPORTING DATE? (If "yes," complete item 16l, below)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. ARE YOU CURRENTLY ON ASSIGNMENT AT THE NEW DUTY STATION ON TDY/EXTENDED TDY?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. ARE YOU NOW OR WERE YOU LEASING A RESIDENCE AT THE OLD DUTY STATION? (If "yes," complete item 16m, below)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h. ARE YOU OBLIGATED TO PAY ANY PORTION OF AN UNEXPIRED LEASE AT THE OLD DUTY STATION? (If "yes," complete item 16m, below)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i. DO YOU PLAN TO USE THE PROPERTY MANAGEMENT SERVICE?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j. NAMES CURRENTLY LISTED ON THE DEED OF TRUST (If applicable)		k. EST. SALE PRICE	l. EST. PURCHASE PRICE
m. MONTHLY RENTAL		n. UNEXPIRED LEASE AMOUNT	
SIGNATURE OF EMPLOYEE			DATE